

## Proposal Request Sheet

<b>PRINCIPAL INVESTIGATOR</b>					
Last Name	<input style="width: 95%;" type="text"/>	First Name	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>
Institution	<input style="width: 95%;" type="text"/>	Street Address	<input style="width: 95%;" type="text"/>		
City	<input style="width: 95%;" type="text"/>	State	<input style="width: 95%;" type="text"/>	ZIP	<input style="width: 95%;" type="text"/>
Phone	<input style="width: 95%;" type="text"/>	E-mail Address	<input style="width: 95%;" type="text"/>		

<b>SECONDARY INVESTIGATORS</b>		
Last Name	First Name	E-mail Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

<b>EXPERIMENT DETAILS</b>	
Title	<input style="width: 95%;" type="text"/>
Type	<input type="checkbox"/> Re-Submission <input type="checkbox"/> New Proposal <input type="checkbox"/> Continuation             Funding Source: <input style="width: 95%;" type="text"/>

Objectives:

Abstract:

<b>SPECIAL REQUIREMENTS</b>
Equipment:
Expertise and Labour:

**Please attach a detailed scientific case (including references) and send to:**

Dr. Ilan Ben-Zvi  
[benzvi@bnl.gov](mailto:benzvi@bnl.gov)  
 MS 911B, Brookhaven National Laboratory  
 Upton, NY 11973-5000 USA

**For more information please contact Kathleen Tuohy: [tuohy@bnl.gov](mailto:tuohy@bnl.gov)**

**with a copy to:**

Dr. Mikhail Fedurin  
[fedurin@bnl.gov](mailto:fedurin@bnl.gov)  
 MS 820, Brookhaven National Laboratory  
 Upton NY 11973-5000 USA